

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

## **I. DISPUTE**

1. a. Whether there should be additional reimbursement of \$1,781.00 for dates of service, commencing on 06/05/01 and extending through 01/14/02.
- b. The request was received on 06/05/02.

## **II. EXHIBITS**

1. Requestor, Exhibit I:
  - a. Initial TWCC 60
    1. HCFA(s)
    2. Letter to Compliance & Practice Division of TWCC, dated 05/05/02
    3. EOBs
  - b. Additional documentation requested on 05/22/02 and received on 07/15/02
    1. TWCC 60
    2. Position Statement
    3. Medical Records
  - c. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.

2. Respondent, Exhibit II:

Based on Commission Rule 133.307 (g) (4), the Division notified the insurance carrier Austin Representative of their copy of the request on 07/24/02. The Respondent did not submit a response to the request. The "No Response Submitted" sheet is reflected in Exhibit II of the Commission's case file.

3. Notice of A Letter Requesting Additional Information is reflected as Exhibit III of the Commission's case file.

### III. PARTIES' POSITIONS

1. Requestor: Letter dated 07/09/02

“...Carrier was initially billed and didn’t respond. Provider then sent a request for reconsideration on April 4, 2002. Proof that carrier received request is also included. Carrier chose not to respond within 28 day time frame rule. TWCC Rule 133.307 (j) (2) says only the reason brought up by carrier can be heard at MDR. SOAH decisions say if the carrier doesn’t care to respond then they lose their opportunity to put in a reason. If no reason is put in by carrier as to the denial the provider ‘should’ win if the MDR reviewer follows TWCC rules. DOS 6-5-01, 6-11-01, 9-6-01, 9-13-01, 9-20-01, 9-27-01, 10-04-01: Carrier claims these services of 95851 and 97750-MT are global. Please call (TWCC representative) at MDR Austin at 512-804-4885 and she’ll tell you also that these codes are not global and should be paid. DOS 6-25-01: Carrier disputes payment with an ‘F’ for fee guidelines. TWCC guidelines allow up to 4 modalities in a day. As shown on HCFA more than for [sic] were not billed. Also the MAR for one unit of 97032 is \$22. DOS 7-2-01: 97750-FC is for a 5 hour FCE. As shown on FCE cover page the stop start times are noted.”

2. Respondent: No response was found in the dispute packet.

### IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review are those commencing on 06/05/01 and extending through 01/14/02.
2. This decision is being written based on the documentation that was in the file at the time it was assigned to this Medical Dispute Resolution Officer.
3. Per the Requestor’s Table of Disputed Services, the Requestor billed the Carrier \$1,839.00 for services rendered on the dates above.
4. Per the Requestor’s Table of Disputed Services, the Carrier paid the Requestor \$58.00 for services rendered on the dates above and denied reimbursement as “G – REIMBURSEMENT FOR THIS PROCEDURE IS INCLUDED IN THE BASIC ALLOWANCE OF ANOTHER PROCEDURE.” F – REIMBURSED IN ACCORDANCE WITH THE TEXAS MEDICAL FEE GUIDELINE.”; “TX24 - F –G RANGE OF MOTION AND MUSCLE TESTING PERFORMED DURING A RE-EVALUATION BY A PHYSICAL AND OCCUPATIONAL THERAPIST ARE INCLUDED IN THE RE-EVALUATION CODE AND WILL NOT BE REIMBURSED SEPARATELY.” and “F – N ACCORDING TO THE 04/01/96 TWCC MEDICAL FEE GUIDELINE GROUND RULES ON PAGE 35, THE START AND END TIME MUST BE DOCUMENTED.” The Requestor states they did not receive an EOB for some of the dates of service. The Carrier did not respond to the provider’s request for dispute resolution. Therefore, these dates of service will be reviewed as an “F” denial.

5. Per the Requestor's Table of Disputed Services, the amount in dispute is \$1,781.00 for services rendered on the dates of service in dispute above.
6. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFEREN CE	RATIONALE:
06/05/01 09/13/01 09/27/01	97750 MT 97750 MT 97750 MT	\$129.00 \$129.00 \$129.00	\$0.00 \$0.00 \$0.00	G G G	\$43.00/15 min	TWCC Rule 133.304( c ); MFG; MGR (I) (E) (3); CPT Descriptors	<p>The Carrier has denied these dates of service as, "G – REIMBURSEMENT FOR THIS PROCEDURE IS INCLUDED IN THE BASIC ALLOWANCE OF ANOTHER PROCEDURE." The Carrier's denial code does not "...provide sufficient explanation to allow the sender to understand the reason(s) for the insurance carrier's action(s)" as required by TWCC Rule 133.304.</p> <p>The Carrier did not respond to the Provider's request for medical dispute resolution. The Requestor has provided medical documentation to support services billed. Reimbursement in the amount of <b>\$387.00</b> is recommended.</p>
06/11/01 09/06/01 09/20/01 10/04/01	95851 95851 95851 95851	\$108.00 \$108.00 \$108.00 \$108.00	\$0.00 \$0.00 \$0.00 \$36.00	F,TX24 F,G,TX24 F,G,TX24 F	\$36.00	TWCC Rule 133.304( c ); MFG; MGR (I) (E) (4); CPT Descriptor	<p>The Carrier has denied these dates of service as, "TX24 - F – G RANGE OF MOTION AND MUSCLE TESTING PERFORMED DURING A RE-EVALUATION BY A PHYSICAL AND OCCUPATIONAL THERAPIST ARE INCLUDED IN THE RE-EVALUATION CODE AND WILL NOT BE REIMBURSED SEPARATELY." The Carrier's denial codes do not "...provide sufficient explanation to allow the sender to understand the reason(s) for the insurance carrier's action(s)" as required by TWCC Rule 133.304.</p> <p>The Carrier did not respond to the Provider's request for medical dispute resolution. The Requestor has provided medical documentation to support services billed. Reimbursement in the amount of <b>\$396.00</b> (432.00 - \$36.00 payment) is recommended.</p>
06/19/01 06/20/01 06/25/01	97032 97032 97032	\$44.00 \$44.00 \$44.00	\$0.00 \$0.00 \$22.00	No EOB No EOB F	\$22.00/15 min	TWCC Rule 133.304( c ); MFG; MGR (I) (C); CPT Descriptors	<p>The Requestor states they did not receive an EOB for some of the dates of service. The Carrier did not respond to the provider's request for dispute resolution. Therefore, these dates of service will be reviewed as an "F" denial.</p> <p>The Carrier did not respond to the Provider's request for medical dispute resolution. The Requestor has provided medical documentation to support services billed. Reimbursement in the amount of <b>\$110.00</b> (\$132.00 - \$22.00 payment) is recommended.</p>

06/20/01	97110	\$105.00	\$0.00	No EOB	\$35.00/15 mins	MFG; MGR (I) (9) (b); CPT Descriptor	<p>The Requestor states they did not receive an EOB for some of the dates of service. The Carrier did not respond to the provider's request for dispute resolution. Therefore, these dates of service will be reviewed as an "F" denial.</p> <p>Recent review of disputes involving one on one CPT Codes by the Medical Dispute Resolution section indicate overall deficiencies in the adequacy of the documentation of this Code both with respect to the medical necessity of one-on-one therapy and documentation reflecting that these individual services were provided as billed. Moreover, the disputes indicate confusion regarding what constitutes "one-on-one." Therefore, consistent with the general obligation set forth in Section 413.016 of the Labor Code, the Medical Review Division has reviewed the matters in light all of the Commission requirements for proper documentation.</p> <p>The therapy notes for this date of service does not support any clinical (mental or physical) reason as to why the patient could not have performed these exercises in a group setting, with supervision, as opposed to one-to-one therapy. The Requestor has failed to submit documentation to support reimbursement in accordance with the CPT Descriptor and MFG. Therefore, <b>no</b> additional reimbursement is recommended.</p>
06/20/01 06/20/01	97265 79250 59	\$43.00	\$0.00 \$0.00	No EOB No EOB	\$43.00 \$43.00	TWCC Rule 133.304( c ); MFG; MGR (I) (9) (c); CPT Descriptor	<p>The Requestor states they did not receive an EOB for some of the dates of service. The Carrier did not respond to the provider's request for dispute resolution. Therefore, these dates of service will be reviewed as an "F" denial.</p> <p>The Requestor has listed CPT Code 97265 on their table of disputed services for this date. However, there is no amount listed under the column for "AMOUNT IN DISPUTE". This date of service does not appear to be in dispute and, therefore, will not be reviewed.</p> <p>The Carrier did not respond to the Provider's request for medical dispute resolution. The Requestor has provided medical documentation to support services billed. Reimbursement in the amount of <b>\$43.00</b> is recommended.</p>
06/20/01 10/11/01 10/16/01 11/01/01 01/14/02	99213 MP 99213 99213 99213 99213	\$48.00 \$48.00 \$48.00 \$48.00 \$48.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00	No EOB No EOB No EOB No EOB No EOB	\$48.00	TWCC Rule 133.304( c ); MFG; E/M GR; CPT Descriptor	<p>The Requestor states they did not receive an EOB for some of the dates of service. The Carrier did not respond to the provider's request for dispute resolution. Therefore, these dates of service will be reviewed as an "F" denial.</p> <p>The Requestor did not submit documentation to support services billed for date of service, 11/01/01. <b>No</b> reimbursement is recommended.</p> <p>The MFG states CPT Code 99213 "requires at least two of these three key components: an expanded problem focused history; an expanded problem focused examination; medical decision making of low complexity." The very limited SOAP notes submitted do not reflect the documentation requirements listed in the MFG. The provider's verbiage appears to be essentially the same from date to date. The provider has failed to submit medical documentation to support services billed in accordance with the MFG and the CPT Descriptor for reimbursement. Therefore, <b>no</b> additional reimbursement is recommended.</p>
		\$240.00					

07/02/01	97750 FC	\$500.00	\$0.00	F,N	\$100.00/hr	MFG; MGR (I) (E) (2); CPT Descriptor	<p>The Carrier has denied these dates of service as, "F – N ACCORDING TO THE 04/01/96 TWCC MEDICAL FEE GUIDELINE GROUND RULES ON PAGE 35, THE START AND END TIME MUST BE DOCUMENTED." The Carrier's denial code does not "...provide sufficient explanation to allow the sender to understand the reason(s) for the insurance carrier's action(s)" as required by TWCC Rule 133.304.</p> <p>The Requestor has submitted medical documentation that includes the start and end time as required by the MFG and CPT Descriptor. Reimbursement in the amount of <b>\$500.00</b> is recommended.</p>
<b>Totals</b>		\$1,839.00	\$58.00				The Requestor is entitled to reimbursement in the amount of <b>\$1,436.00</b> .

### V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit **\$1,436.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 4th day of December 2002.

Denise Terry  
 Medical Dispute Resolution Officer  
 Medical Review Division  
 DT/dt